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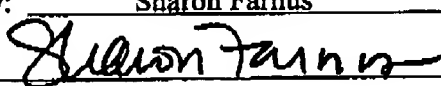
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CENTRAL FAX CENTER**DEC 01 2004****FACSIMILE TRANSMISSION****DATE:** December 1, 2004**TIME IN:**
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Name	Fax Number	Phone Number
Examiner Lipman USPTO	703-872-9306	

FROM: Joe Price**PHONE:** 949-253-2754**MESSAGE:****RE: Serial No. 09/851,864**
Attorney Docket: 62478-9100**Please see attached Preliminary Amendment.****Thank you.****ORIGINAL DOCUMENT:****NUMBER OF PAGES (Including Cover):** 11**CONFIRMATION NO.:****CLIENT MATTER NO.:** 99999-0000**PLEASE RETURN TO:** Sharon Famus**PERSONAL FAX:** No**REQUESTOR:** Joseph W. Price**DIRECT LINE:** 949-253-4920**IF YOU HAVE NOT PROPERLY RECEIVED THIS TELECOPY, PLEASE CALL US AT (949) 253-2791.**
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 62478-9100	
Applicant(s): Natsume Matsuzaki et al.						
Application No. 09/851,864	Filing Date 05.09.2001	Examiner Lipman, Jacob	Customer No. 21611	Group Art Unit 2134	Confirmation No.	
Invention: FILE MANAGEMENT APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19 -	37 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	4 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2814 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Joseph W. Price Reg. 25,124 SNELL & WILMER LLP 1920 Main Street, Suite 1200 Irvine, CA 92614 Tel: 949-253-4920 Fax: 949-955-2507			Dated: December 1, 2004 I hereby certify that this correspondence is being transmitted via fax to 703-872-9306, USPTO, on December 1, 2004. By: Sharon Farnus  _____ Signature Dated: December 1, 2004			
cc:						

P11LARGE/REV03

**RECEIVED
CENTRAL FAX CENTER****Patent
62478-9100****DEC 01 2004****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Natsume Matsuzaki et al.

Serial No.: 09/851,864

Filed: May 9, 2001

For: FILE MANAGEMENT APPARATUS

Patent Examiner: Lipman, Jacob

Group Art Unit: 2134

December 1, 2004

Irvine, California 92614

PRELIMINARY AMENDMENT**VIA FACSIMILE****703-872-9306**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sirs:

Prior to an examination on the elected subject matter of the Restriction Requirement of
October 20, 2004, please enter the following: